U.S. Department of Labor Office of Labor-Management Standard Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 10732

See attached

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01 / 01 / 2004 Through: 18 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GARY L CLARK	Name OPCMIA COCAL 300
•	Labor Organization File Number 5405/
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 703 So BStreet	Street 703 So B Street
participation (1000) (1	
SAN MACO CA	City SAN MATEO
State CA ZIP Code + 4 9440 1	State C 19 ZIP Code + 4 9 4 4 0 1
Position in labor organization.	
Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of
Name and address of Employer (including trade name, if any). Name Alo CA Cement MASONS JATC	7 derived income or other economic benefit of tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. Covekon Reimburs + ment
Name and address of Employer (including trade name, if any). Name Name Name Cament Masons Jarc Trade Name, if any: CENEUT MASONS	7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any). Name Name Name Cament Masons Jarc Trade Name, if any: CENEUT MASONS	7.a. Nature of Interest, Transaction, or Income.
Held an interest in, engaged in transactions (including loans) with, or nonetary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any). Name No Ca Cement Mason's Jarc. Trade Name, if any: Cement Mason's P.O. Box, Bldg., Room No., if any Street 2350 Santa Rifa Road	7.a. Nature of Interest, Transaction, or Income. Couchon Reimburstment
Name and address of Employer (including trade name, if any). Name No CA Cement MASONS JATC. Trade Name, if any: CEMENT MASONS P.O. Box, Bldg., Room No., if any Street 2350 SANTA RIFA ROAD	7.a. Nature of Interest, Transaction, or Income. Couchon Reimburstment
Name and address of Employer (including trade name, if any). Name No CA Cement MASONS JATC Trade Name, if any: CEMENT MASONS P.O. Box, Bldg., Room No., if any Street 2350 SANTA RIFA ROAD	7.a. Nature of Interest, Transaction, or Income. Couchon Reimburstment 7.b. Amount.
Name and address of Employer (including trade name, if any). Name No CA Cement MASONS JATC. Trade Name, if any: CEMENT MASONS P.O. Box, Bldg., Room No., if any Street 2350 SANTA RITA ROAD City PLEASANTON State CA ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. Couchon Reimburstment 7.b. Amount.
Name and address of Employer (including trade name, if any). Name No CA Cement MASONS JATC. Trade Name, if any: CEMENT MASONS P.O. Box, Bldg., Room No., if any Street 2350 SANTA RITA ROAD Sity PLEASANTON Tate CA ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income. Covelon Reimburstment 7.b. Amount.

James Contingual and State Contingual

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2 Figgs Vees Covered From:
- I I I I I I I I I I I I I I I I I I I	2. Fiscal Year Covered From:
	Through:
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name	Name
	Labor Organization File Number 340573
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization.	
Name and address of Employer (including trade name, if any). Name No. CA. PLASTELERS SATC Trade Name, if any: PLASTELERS P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income. MEETING Reimburs from 15
	7.b. Amount.
Street 1555 Overland Court City SACRAMENTO State O.A. ZIP Code + 4 OS 191	\$175.00
State C A ZIP Code + 4 95691	
	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed	0/18/2
oigned	On \$1.5/05 \$59-251-8259 Date Telephone Number

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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For Official Use Only	
READ THE INSTRUCTIONS CAR	EFULLY BEFORE PREPARING THIS REPORT.
P B ORD	
1. File Number U -	2. Fiscal Year Covered From:
	Through:/
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name	Name
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or your	onarios as miner shill directly as indicated, i.e. of the first state of the state
(avant as ansaified in the	spouse of minor child directly of indirectly had any of the following interests
(except as specified in the e	exclusions set forth in the instructions):
(except as specified in the earlier A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizer	or derived income or other economic benefit of zation represents or is actively seeking to represent.
(except as specified in the earlier of the earlier	or derived income or other economic benefit of zation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizer. 6. Name and address of Employer (including trade name, if any). Name No CA PLASTERESS Health I well yours.	or derived income or other economic benefit of zation represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizes. 6. Name and address of Employer (including trade name, if any). Name Wo CA PRASTERSES Health I Well.	or derived income or other economic benefit of zation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizer. 6. Name and address of Employer (including trade name, if any). Name No CA PLASTERESS Health I well yours.	or derived income or other economic benefit of ezation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. **Reve Expense Perm burstmont**
(except as specified in the example of the following loans) with, monetary value from an employer whose employees your organizes. 6. Name and address of Employer (including trade name, if any). Name No CA PASTERERS Health I well trade Name, if any:	or derived income or other economic benefit of zation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
(except as specified in the each A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organized. Name and address of Employer (including trade name, if any). Name Word PASTERERS Health Wolf Trade Name, if any: P.O. Box, Bldg., Room No., if any	or derived income or other economic benefit of ezation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. **Reve Expense Perm burstmont**
(except as specified in the example of the control	or derived income or other economic benefit of zation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. Pare Expense Perm burstwork 7.b. Amount.
(except as specified in the example of the content	or derived income or other economic benefit of zation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. Pare Expense Perm burstwork 7.b. Amount.
(except as specified in the example of the content	ignature or derived income or other economic benefit of zation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. **Prese Perm burstmont** 7.b. Amount. 7.b. Amount. of Perjury and other applicable penalties of the law, that all of the information anying documents). has been examined by the signatory and is to the best of the

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pour contract of the contract	
1. File Number U -	2. Fiscal Year Covered From:
	/ Through:/
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name	Name
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization.	Zii Code 14
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name N.C. PLASTERENS JATC.	Conchon Reimburstment
Trade Name, if any: PLASTERERS	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 1555 OVERLAND COURT	
Street 1555 OVERLAND COURT City SACRAMENTO	\$154.12
State CA ZIP Code + 4 95691	•
Signa	iture
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On 8/15/05 559-251-8259 Date Telephone Number